American Veterinary Medical Association Explorer Award Application

1.	Post Information		
	Learning for Life headquarters city		
	Address		
	City	State	Zip
	Participating organization		
	Participating organization's address		
	City	State	Zip
	Post specialty		
	Advisor's name	Telephone number ()	
	Advisor's address		
	City	State	Zip
2.	Personal Information		
	Full name		
	Address		
	City	State	Zip
	Age as of May 1 last year Date of	birth/ Tel	ephone number ()
	Place of birth	State	
	Parent's or guardian's name		
	Languages spoken, other than English		
3.	Personal Achievements		
	 A. List three significant projects from any of the areas listed below in which you have been involved. Animal health Comparative medicine Public health Food animal health Community service 		
	1)		
	2)		
	3)		

	В.	What previous experience have you had in any of these areas? Give full details, including dates, locations, project activities, etc.					
	ich you are or have been active. Place a urrently active.						
	D.	List important awards or recognitions you have received.					
		Award	Date	Presenting Organization			
	E.	Scholastic record: High school name					
		Class size	Rank in cla	ss			
		Attach a high school	om the school.				
		College or university	name (if applicable)	Grade-point average			
	F.	Provide a simple, concise statement of your goals and career plans.					
		ational Nominee Endorsement					
`		-	l Learning for Life represe				
Da	te fo	orwarded to national or	ffice				
Le	arni	ng for Life representat	ive's signature				
Th	is ap	oplication and supporti	ng material will be retaine	ed by Learning for Life.			

Submit a black-and-white glossy photo (such as passport photo) for publicity purposes in the event of selection.